



**State Board of Health
State Board of Senior Services
Meeting Minutes**



**June 22, 2010
Director's Office Conference Room**

Board of Health Members Participating: Joseph Forand, Nathalie Tungesvik, Michael Weaver

Board of Senior Services Members Participating: Barbara Gilchrist, Ann Bannes, Mary Anne Brown

DHSS Staff Present: Margaret Donnelly, Nancie McAnaug, Glenda Miller, Bill Whitmar, Barb Wilbers, Patrick Lynn

TOPIC	DISCUSSION	ACTION
Welcome <i>Nancie McAnaug</i>	Nancie welcomed everyone and indicated she is sitting in for Margaret who had another meeting, but hopes to join later.	
Department/Budget Update <i>Nancie McAnaug</i>	<p>Every state department will be facing a mileage reimbursement rate reduction to 37-cents per mile. This is a statewide reduction with a GR savings of \$500,000.</p> <p>Primary Care Resource Initiative for Missouri (PRIMO) took a \$1,375,500 reduction for student loans and physician recruitment (remaining Health Access Incentive Funds will be used for community development). Basically, the whole student loan program has been eliminated beginning July 1. Good news, there is a lot of workforce development coming to states. Hopefully some of those new programs at the federal level will be able to help make up some of the slack that our PRIMO program is basically going away.</p> <p>The entire School Health Services funds of \$4,838,564 were restricted for the year commencing July 1, 2010. The Governor's Office, the Office of Budget and Planning, the Department of Health and Senior Services, and the Department of Social Services are working with the Missouri School Boards Association to</p>	

	<p>examine ways to increase MO HealthNet billing in school districts to offset the loss of funds.</p> <p>Core Public Health money reduced by \$1,352,842 GR (15% reduction).</p> <p>Alternatives to Abortion reduced \$175,951 (10% reduction).</p> <p>Medicaid home and community-based programs rate reduction done across the board. Impacts us as well as mental health. About \$4.4 million GR cut.</p> <p>Child Care took \$728,740 dollar reduction in Early Childhood Development, Education and Care Fund (entire program).</p> <p>Area Agencies on Aging took a \$1,422,081 GR cut (15% reduction).</p> <p>There has been additional personnel cuts of \$450,000 in the Division of Regulation and Licensure (GR). With this cut, we will lose some additional federal matching funds.</p> <p>This was the fourth round of expenditure restrictions we've been through this year. Obviously next year looks to be worse than this year because the stimulus money filling holes this year will be going away.</p> <p>Another thing that happened this session was a bill that passed to look at reorganizing state government. We have not gotten any notification that the committee has been appointed or that any hearings have been conducted. The thought is to have hearings throughout the state and then come back and evaluate. The committee's charge will be to look at all state departments and see whether some departments should be collapsed together. It is anticipated that there could be a combination of DMH, DHSS, and DSS to make one mega department. Will update you as we know more.</p>	
--	---	--

<p>Legislative Update <i>Patrick Lynn</i></p>	<p>Patrick provided an update on some of the legislation that passed this session that is of particular interest to the Department.</p> <p>HB1270 - Changed name of Crippled Children's Service to Children's Special Health Care Needs Service. The bill has already been signed by the Governor.</p> <p>HB 1375 – Allows physicians to use expedited partner therapy by dispensing and prescribing medications for partners of person with certain sexually transmitted diseases who are not their patients. We are very excited about this bill.</p> <p>HB1977 – Includes emergency medical technician-intermediate in various provisions regarding licensure of emergency medical technicians.</p> <p>SB842 & HB1918 - Medicaid Cost Containment. Both bills passed and have been sent to the Governor. The impact on Division of Senior and Disability Services is to be able to use a Third Party Assessor to make sure people are getting the hours of service that they need.</p> <p>HB1472 – Adds K2 to the list of controlled substances on Schedule I.</p> <p>SB793 – Enacts provisions regarding informed consent for abortions.</p>	
<p>Introduction of Division of Senior and Disability Services Director – Celesta Hartgraves <i>Nancie McAnagh</i></p>	<p>Nancie introduced Celesta Hartgraves as the new Director of the Division of Senior and Disability Services and asked her to tell a little bit about herself.</p> <p>Celesta indicated that she started in her new position on May 24, 2010. She came to DHSS from the Department of Social Services, Children's Division where she was Assistant to the Director and responsible for all child welfare programs. She has served in multiple management levels of Missouri State Government for many years, particularly working in</p>	

	<p>programs for families and vulnerable children.</p> <p>Celesta commented that she has great staff getting her up to speed and looks forward to meeting all of you in the future as well.</p>	
<p>Approval of Minutes from March 23, 2010 Meeting <i>Nancie McAnagh</i></p>	<p>Nancie requested a motion to approve the minutes from the March 23, 2010 meeting.</p>	<p>Ann Bannes made the motion to approve the minutes.</p> <p>Michael Weaver seconded the motion.</p> <p>All in favor.</p> <p>None opposed.</p>
<p>Board of Health Approval of Minutes from May 4, 2010 Conference Call to Approve Meth Precursor Rules <i>Nancie McAnagh</i></p>	<p>Nancie requested a motion to approve the minutes from the May 4, 2010 conference call to approve the Meth Precursor Rules.</p>	<p>Joseph Forand made the motion to approve the minutes.</p> <p>Nathalie Tunesvik seconded the motion.</p> <p>All in favor.</p> <p>None opposed.</p>
<p>Division of Community and Public Health Update <i>Glenda Miller / Bill Whitmar</i></p>	<p>Glenda offered the opportunity for board members to tour the lab if they are in the area or the use of their conference room if the Boards want to have meetings in the building. Bill offered one-on-one tours as well.</p> <p>Nancie asked if any board members have had the opportunity to tour the lab. Some members indicated they have, but several have not.</p> <p>Bill introduced himself as the new Lab Director and provided the following update on the Lab:</p> <p><u>2010 Newborn Screening Emergency Management Assistance Compact (EMAC) Drill Synopsis</u> The testing of Newborn Screening specimens is a highly critical service conducted by the Missouri State Public</p>	

	<p>Health Laboratory (MSPHL). Prompt and uninterrupted testing is imperative for NBS disorders; otherwise a baby could go into a medical crisis very quickly and suffer major disabilities or die. If the MSPHL had a disaster and was left inoperable for any reason, newborns would still need testing, as the MSPHL currently detects two real NBS disorders every three working days. There is typically only one laboratory per state that can perform this kind of testing, therefore the dried blood spot specimens (and average of 400 per day) would have to be sent out of state. Fortunately, the MSPHL has a planned and practiced contingency plan for doing just that.</p> <p>The MSPHL successfully conducted three NBS Laboratory emergency backup testing drills in the spring of 2010. Two of them were with our neighboring states of Kansas and Oklahoma and took place on April 13th and 27th. Their state labs staged disasters that left their NBS labs inoperable and thereby requested assistance from Missouri for the testing of their NBS specimens. In the third drill that took place on May 18th, Missouri staged a tornado disaster that disabled the NBS lab and thus requested assistance from the state of Minnesota to test our NBS specimens.</p> <p>After conducting seven drills in the previous two years with Iowa and Minnesota State NBS Laboratories, the MSPHL has now completed a total of ten practice drills for the NBS laboratory. These drills are very successful at helping us to continually validate and improve our NBS laboratory contingency plan, and also help us to be ready to assist another state if necessary, just as the Iowa State Laboratory did for Louisiana after hurricane Katrina.</p> <p><u>Laboratory Consolidation</u> Due to declining state revenues, new ways</p>	
--	--	--

	<p>to maximize state fiscal resources needed to be examined. In early 2010, Governor Nixon decided that consolidation of state services was one mechanism to achieve this. On March 4, 2010 a meeting was convened of state departments that provide laboratory services. During that meeting, the group discussed consolidating laboratory services in a reduced number of buildings.</p> <p>After all the assessments were concluded, the decision was made to move the Department of Agriculture's Animal Health lab into space at the State Public Health Lab. The move will result in a savings of about \$160,000 for lease and janitorial costs and utilities. The state also expects to realize operational efficiencies as well, such as the sharing of storage space and purchasing like items common to laboratory use, which may result in additional savings.</p> <p>The move began on April 22 and was accomplished with no interruption of public health laboratory operations and only three days of interruption of animal health laboratory operations.</p> <p>Glenda provided the following update on disaster preparedness:</p> <p><u>Earthquake Drill</u> On June 3rd the Department Situation Room (DSR) and the State Emergency Operations Center (SEOC) teams participated in a drill involving a 7.7 magnitude earthquake on the New Madrid Fault. Among state government, local public health agencies and the State Emergency Management Agency (SEMA), federal partners such as the Federal Emergency Management Agency and the United States Department of Health and Human Services participated in the exercise. For the first time, the United States Department of Veterans Affairs and</p>	
--	--	--

	<p>the United States Department of Defense also participated in relation to their roles and responsibilities regarding the evacuation of hospital patients.</p> <p>The drill included several new elements including a fully functional Joint Information Center (JIC) and State Area Coordination Centers (SACCs). The JIC, located at the SEOC, was responsible for coordinating all public information efforts including emergency messages, media relations and rumor control during a disaster. Two SACC sites were planned for this drill; one in Region C, St. Louis area and one in Region E, Polar Bluff area. A SACC is a multi-agency coordination center where representatives from multiple state agencies locate close to the disaster event to coordinate actions to support a disaster response. The SACC Team's responsibilities include: provide situational awareness on a regional level; manage resources deployed from outside of the region; and manage facilities within a region, such as staging areas and base camps for human and material resources. The SACCs are a bit unique because of our DSR. It was determined that our presence at the SACC is not as germane as other departments because of our DSR.</p> <p>In May, 2011 Missouri will participate in a national-level exercise involving a major earthquake on the New Madrid Fault. Seven states have been invited to participate in the exercise. Those states include Alabama, Arkansas, Kentucky, Illinois, Indiana, Mississippi and Tennessee. The exercise will begin at the 24-hour mark following a 7.7 New Madrid Earthquake. Nancie indicated that this is going to be a pretty large exercise, scheduled for five days, and will be played out from the state level to the White House. Nancie also invited any Board members who would like to come to witness any part of the exercise, you are</p>	<p>Let Barb know if you would like to witness any part of the Earthquake drill in May 2011.</p>
--	--	---

	<p>welcome. Let Barb know and we will get you plugged into that.</p> <p><u>Patient Protection and Affordable Care Act</u> We have a number of areas that we are looking at. Those areas include: Home Visiting, Tobacco; Teen Pregnancy; and Epidemiology-Laboratory Capacity. Other money is broken down into a number of components. Glenda Miller has staff monitoring guidance that is coming out. We are trying to capture anything that we can that is germane to public health.</p> <p>Celesta Hartgraves spoke about money that will help us enhance our Home and Community-Based Services.</p> <p>Nancie reported that we currently have the National Highway Traffic Safety Association (NHTSA) in the state conducting a review of our EMS system. They began their review today and will adjourn a little after noon tomorrow to begin writing their report to give to the Department on Thursday. We are hoping to get a good view of our EMS system. The last time such a review was done was in the late 80's. Will be happy to get you a copy of the report after we get it from NHTSA on Thursday.</p>	
<p>Missouri Health Information Exchange Update <i>Margaret Donnelly</i></p>	<p>On Thursday, the Advisory Board will approve the nominees to the Health Information Organization (HIO) Board of Directors. The system of nomination used was that we had a number of individuals apply. Nominations were narrowed down to 30 and then those names were given to the Governor for the final decision. The 17 members will include 13 members from the private healthcare sector, two ex officio voting members – the directors of DHSS and DSS - along with two ex officio non-voting members – the MoHealthNet Director and a representative from the Missouri HIT Assistance Center.</p> <p>On Thursday, the Advisory Board will</p>	<p>Barb to send copy of the NHTSA report to Board members once received.</p>

	<p>vote to submit the more detailed Operational Plan to the Office of the National Coordinator (ONC). Once the Operational Plan, along with our strategic plan, is approved by ONC, the money will be released. The incentive money goes to providers, the Health Information Exchange (HIE) money that flows through the state to the HIO is for planning and implementing the exchange.</p> <p>Since Missouri has eight bordering states, we are doing everything we can to keep in line with those bordering states, especially Kansas. We are partnering with border states to study how to align our privacy and security laws and policies to allow for cross-border transmission of electronic health records.</p> <p>The workgroups will continue to meet. The Legal and Policy Workgroup is focusing on drafting the agreements needed between the HIO and its partners; the Finance Workgroup continues to drill down into the best and most equitable way to sustain the exchange; the Consumer Workgroup is focusing on a communication plan in conjunction with ONC's communications to consumers; and the Technical and Business Workgroup is finalizing the core and value added services.</p> <p>Missouri will develop a statewide network comprised of diverse qualified organizations (QO). A QO is a health care organization or aggregator or organizations that can fulfill the technical, legal and policy requirements of the HIO. QOs can be, for example, hospitals, labs, provider networks, payers, public health organizations, etc.</p> <p>ONC has yet to issue the final regulations on meaningful use and the associated Medicare and Medicaid incentives. The final rule is expected to be released very</p>	
--	--	--

	soon. We are moving ahead into a new phase and Margaret is very happy to answer any questions anyone has at any time.	
Questions/Open Discussion	Margaret opened the floor for open discussion/questions. Margaret thanked everyone for taking time out of their busy schedule to be with us for this call.	
Adjourn	Meeting adjourned at 3:00 p.m.	
Next Meeting	The next meeting is scheduled for September 21, 2010.	

Approved: _____ Date: _____
Chair, Board of Health

Approved: _____ Date: _____
Chair, Board of Senior Services